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ABSTRACT

La Casita is a culturally relevant 6-month residential substance abuse treatment program in southeast Los Angeles County (California) for low income Latina women. Most participants are second and third generation Latinas who clearly identify themselves as being Hispanic but behave in a bicultural manner. The average La Casita resident is 30 years old and has 2.5 children. Latino values form the cornerstone of programming at La Casita, with familismo, a strong identification with and attachment to the extended family, being central. Other values include collectivism and reciprocity, lineality and "Power Distance" (social support of power differentials), simpatia, and present-time orientation. The La Casita program is based both on the traditional Social Model and 12-Step approaches to residential treatment and on Latino values, which are highly consistent with traditional chemical dependency treatment programming. Women are screened for parenting stress upon entering and identified for parenting interventions when appropriate. Women are assessed upon entering the program, exiting the program, and 6 months and 1 year following exit. Approximately half the women who enter La Casita graduate. Parenting stress is the major factor in leaving. Fifty-eight women have graduated from the program; of these, 80 percent were clean and sober 12 months following graduation. Two appendices depict percentages of La Casita graduates clean and sober, and ratio of program completers to dropouts, transfers, discharges, and those who could not reunify with their child. English and Spanish versions of a measure of individual risk and protective factors for recovering Latina mothers are included. (Contains 18 references.) (TD)

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Cultural Considerations in Providing Chemical Dependency Treatment for Latinas in Southern California

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RC 022802

Cultural Considerations in Providing Chemical Dependency Treatment for Latinas in Southern California

The demographics of Southern California have changed dramatically since the state joined the union in 1850. The appeal of California's job market and standard of living has attracted an enormous number of Mexican immigrants, legal and illegal for nearly 150 years. Hispanics now comprise 40% of the total population of Los Angeles County, a figure which is expected to rise to 45% by the year 2000 and 69% by 2040 (U.S. Bureau of the Census, 1996). The term "Hispanic" describes individuals living in the United States who were either born or trace back their heritage to one of the Spanish-speaking Latin American nations or to the Caribbean. Among Hispanics residing in Southern California 76% are of Mexican origin, with the remainder Salvadoran, Guatemalan and from other Latin American countries. Mexicans represent the largest subgroup (80%) within the Hispanic population, some 18 million individuals. Given the long history of immigration from our southern neighbors countless Hispanic families have raised children and grandchildren in the Los Angeles area. Many young adults in the Hispanic community represent the second and third generation of their family to reside in North America. Thus the issues facing more acculturated or more "Americanized" Hispanics are somewhat different than those facing relatively recent immigrants. The plight of the more acculturated Hispanic was described as one recovering Latina, "I have one foot in the old country, the other foot in the U.S. and I don't know where to stand!"

Traditional cultural factors have created two general modes of acceptance of substance abuse: tolerance of it among Hispanic males and abstinence among first generation females. While immigrant females shun alcohol and drug abuse second generation Hispanic women often embrace it as a release from the stresses of poverty, under-employment and cultural confusion. In the mid-1990s virtually no first generation Hispanic females sought chemical dependency treatment from Southern California Alcohol and Drug Programs. However, these women were well represented in counseling groups for the spouses of substance abusers. In contrast approximately 500 second and third generation women have sought treatment at Southern California Alcohol and Drug Programs during the 1990's.

Second generation Hispanic women constitute the vast majority of Latinas with chemical dependency problems (Caetano, 1986). Second generation women are caught in a tense "cultural squeeze." Many of these women are raised by strongly religious, strict, monolingual parents. Sexuality of adolescents is severely restricted and sexual topics rarely discussed. However, this upbringing is conducted fully or partially in the United States, within a far more permissive society that has less rigid gender roles. The second generation is expected to be translators of both language and culture for their parents, then obediently retreat to the acquiescent role of children. Via education, employment and social mores, this generation is more acculturated than their parents. Many are less religious, perhaps lacking that protective factor against substance abuse and early

sexuality. The resulting cultural conflict threatens to tear many Hispanic families apart. Immigrant parents are at a loss for solutions to a daughter's substance abuse. In an attempt to cope, they may alternate between denial, folk/religious remedies, or codependency, sometimes even forsaking their substance abusing daughter. One resident reported that her father took one of her daughters (his grand-daughter) to Mexico due to her drug use. She has had a difficult time convincing him that she was really serious about getting clean and sober. Following graduation her father still did not allow her to have contact with his grand-daughter despite the fact that she had been clean and sober for over a year.

Hispanic women born in the United States have a higher prevalence rate for substance abuse than Hispanic women born outside of the U.S. Those who are unmarried or married to non-Latinos are more predisposed to drink alcohol, use drugs and smoke cigarettes than married Latinas (Perez-Arce, 1994). Additional risks are faced by Latinas who speak English as their primary language. Knowledge and comfort with the English language separates the woman from her native culture to a certain extent and robs her of protective factors, including prohibitions against female smoking and drinking and reverence for pregnancy. Compared to Spanish speakers acculturated Latinas are eight times more likely to smoke and six times more likely to drink alcohol and use drugs during pregnancy. There is a great cultural gap between these second and third generation Latinas and their first generation relatives. They do not feel entirely Hispanic or American. This cultural conflict has led to reports of Latinas not feeling comfortable, understood or welcome in mainstream chemical dependency programs. Latinas with children face an additional hurdle as most residential treatment programs do not allow children. Chemically dependent mothers are often left with the difficult choice of relinquishing custody of their children or continuing their addiction. Over and over again Latinas voiced the need for culturally relevant programming to facilitate balance in their lives as well as provide treatment for chemical dependency. An awareness grew about the lack of culturally competent services needed to effectively address the needs of an increasing population of chemically dependent Latina mothers in southeast Los Angeles County. The lack of culturally competent services is made even clearer by the fact that there is little published research on the chemical dependency treatment needs or outcomes among Latinas.

La Casita (which means "Little House" in Spanish) represents an effort to meet the need for residential chemical dependency treatment for low-income Hispanic mothers. Latinas and their children in Los Angeles County are among the most vulnerable of persons affected by substance abuse and related problems. Hispanic female-headed households are the poorest of the poor, with 54% of them at or below the poverty level. The percentage of poor families headed by a single Latina mother is higher than any other ethnic group (United Way, 1994). La Casita was established four years ago and allows low-income mothers who qualify for public assistance to bring their children (up to age 11) to the six month treatment program. The La Casita philosophy reflects the convergence of a number of beliefs concerning effective treatment approaches and is based both on the traditional Social Model and 12-Step approaches to residential treatment and strategies which are culturally relevant to Latinas. Central to programming

are a significant number of Latino cultural values that are commonly held among members of the target population and infused throughout the fabric of La Casita. These values include familismo, collectivism and reciprocity, lineality and "Power Distance", simpatia, and present-time orientation. We believe you will recognize the relevancy of many of these concepts in chemical dependency treatment programming and that you will see the parallels between Latino values and the values of the 12 Step and Social Model philosophies.

Familismo

The cornerstone of programming at La Casita is familismo, defined as a strong identification with and attachment to the family. The concept of family among Hispanics is not limited to its nuclear members but also includes extended members, both blood-relations and those inducted through close friendships (Simoni & Perez, 1995; Sue & Sue, 1990). There is a strong sense of loyalty, reciprocity and solidarity among members of the same family (Sabogal et al, 1987; Simoni & Perez, 1995). Other aspects related to the concept of familismo are one's perceived obligation to provide material and emotional support to extended family members, reliance on relatives for help and support, and perception of relatives as guides to acceptable behaviors and attitudes (Lopez-Baez, 1997).

We believe that inclusion of the entire family in the intervention effort increases effectiveness. The La Casita program requires that one child accompany the mother into the residency and provides family counseling, family interaction groups, family bonding activities and couples counseling.

- Many of the residents report conflict in their familial relationships. Family counseling becomes the bridge for resolution and healing, which in turn assists the Latina client in maintaining abstinence. Through the process of family counseling the family becomes a healthy support system. One resident expressed, "I'm not very good at communicating. I'm always yelling. But my partner and I are learning how to talk—before we didn't talk! I think he's my best friend of all the people in the world."

- Family interaction groups include the mom, children between the ages of five and 11, siblings, significant others and extended family members not residing at La Casita. Strategies include family communication exercises, substance abuse education, interpersonal counseling and innovative art therapy activities. One resident shared, "I'm learning not to react so much to my child. She is the strongest-willed child you'll ever see in your life! I try to treat her like I would like to be treated. I am learning to be patient and show her that I love her no matter what. That's what my counselor taught me—remember that you deserve to be loved no matter what."

- The family bonding component focuses directly on the mother-child dyad through education about healthy communication, positive discipline and activities designed to promote bonding. Called "Mommie and Me", it is a special time for mother and the younger child (ages 18 months to five years). For forty minutes mother and child

interact with each other in a group format facilitated by a La Casita child development specialist. Activities include feeding each other animal cookies, trying on silly hats and taking a picture, dancing to the "Chicken" song, and drawing "I love you" pictures. Mom also learns to massage her child's arms and back, learning loving touch to soothe and comfort her child.

- La Casita also provides the Evening Story Hour. Evening Story Hour is a learning experience for mom and promotes feelings of security among the children. On story night all the mothers and children congregate in the living room. A mother who has been designated tells a story to the group. We have found that stories are excellent tools to teach life skills. The designated mom is given a week to prepare and staff assist her in her preparations, as many of our residents have actually never sat down with their child and read to them.

- Mother-child chores help children to work side by side with mom. Each day children help their mothers clean their room (mothers share a room with their children at La Casita). Other chores include hosing down the porch and walk, planting flowers and pulling weeds in our meditation garden. Working together is promoted as a "fun" activity. The child gains self-worth through being mom's "helper" and mom learns to work with her child as a team.

- Every Sunday is Family Day at La Casita. During the hours of 1:00 TO 5:00 p.m. La Casita is open for visiting to family members, both blood relatives and extended family members.

- Additionally, weekend passes for home visits are utilized as incentives for the successful completion of the week's activities for residents with seniority due the consideration that Latinos place an increased importance in family unity. In addition, Potluck is held once a month. La Casita residents cook the main dish and the guests provide the rest of the meal.

- Keeping Familismo in mind, events such as graduation and holidays are open to the families of La Casita residents and are promoted as family affairs. Graduation from the treatment program is a big event at La Casita. All the residents decorate the facility. Formal invitations are sent to family and friends. The residents plan the refreshments and the ceremony. The children perform a skit to honor their mom's accomplishment. Each graduating mother is given an opportunity to address the audience to share her story. Typically the audience (both staff, family and friends) are moved to tears as the women share their experience, strength and hope. At one graduation a Latina grandmother hugged the program director and spoke in Spanish as she cried, "Thank you, thank you for giving me my grand-daughter back and getting our family back together."

Our emphasis on the family as a therapeutic change agent is based on two family therapy theories: Bowen's Family Systems Theory (Goldenberg & Goldenberg, 1996) and Selekman's Solution-Focused Model for Enhancing Family Strengths (Selekman, 1997).

Bowen's theory assumes that the family is a system of interlocking relationships—when one member changes another member will overly compensate to adjust to that change. A system is defined as any group of interacting components or parts which together constitute an entire organization. A system is more than a group of isolated entities, as it emphasizes relationships and the interactions between the parts. According to family systems theory, the family is conceptualized as a system rather than merely the sum of its constituent parts.

A family is considered an open system when it is able to receive input by interacting with the environment. Input works to restructure and revitalize the family system. A family is considered a closed system when it is resistant to change because of rigid or impermeable boundaries. This rigidity leads the family toward disorder and disorganization. Instability and unpredictability characterize interaction among family members in a chemically dependent system (Black, 1981; Wegsheider, 1981). Children of alcoholics/addicts never know what to expect; behaviors which are one day punished severely may be ignored the next. The substance abuser may express affection to his or her children when sober, but act aggressively towards them when drunk or high. Deutsch (1982) noted that the substance abuser becomes the central focus of attention; the family system revolves around the substance-abusing member both when drunk and sober. Since the non-abusing spouse is often absorbed with caring for the alcoholic/addict, the children often are neglected and left to fend for themselves.

Family therapists believe that in order to effect change in an individual, one must work with the entire family. Treating the substance abuser in isolation of her family is viewed as doomed to fail because forces within the system will sabotage her. For example, the property of wholeness involves every part of the system being interrelated; if change enters one part of the system, the other parts of the system are also changed. Yet change does not come easy, and the system will resist change due to the principle of homeostasis. Homeostasis refers to the tendency for a system to restore the status quo in event of change or disruption.

When considering the importance of family roles and the interdependency of family members for Latinos rather than the individual's own needs, La Casita emphasizes to the woman their role as mother and caretaker of their families. Hence, playing on their sense of responsibility to their children as motivation for their ceasing substance use. This is in contrast to her own personal need or desire to discontinue use. This is related to the value of Marianismo. Based on the Catholic worship of the Virgin Mary, it emphasizes the woman's role as caretaker of the children and home while focusing her energies toward activities that will benefit her children and husband (Simoni & Perez, 1995). One Latina explained, "You are a mother first, then a woman."

Family oriented treatment represents a culturally competent means of providing services for Latinas (Rogler, Malgady, Costantino, & Blumenthal, 1987) since they tend to be immersed in a complex extended family network. It also provides a balance for 12 Step oriented treatment, which focuses solely on the alcoholic/addict to the exclusion of family members. Family-oriented treatment has had unintended benefits as several

partners of our residents have referred their chemically dependent sisters. In addition, at least a dozen partners have gotten into treatment themselves as a result of La Casita. One husband reported, "It got to the point where she told me I had to clean up or get lost. At first I thought she was joking but then one weekend she took her pass but didn't come home to me! That did it—I went into treatment and haven't looked back since. At first it [treatment] was for her but now it's for me. Thank God for La Casita!"

Collectivism and Reciprocity

Reciprocity is part of Familismo, but more specifically refers to the individual's tendency to not be able to receive services or aid from someone else without being able to provide assistance back to them in some form. Simoni and Perez (1995) indicated that "the opportunity to help others enhances personal empowerment in a mutual support group (pg. 443)." The women in La Casita continually engage in reciprocity this through helping care for each other's children or by switching chore duties when emergencies arise. Reciprocity is similar in concept to the idea of "giving back", a 12 Step concept. Giving back involves sharing your experience, strength and hope in an effort to help other addicts and alcoholics find recovering. Giving back also refers to volunteering to sponsor newcomers to the 12 Step program in an effort to "give back" the gifts you have gained through recovery.

Collectivism emphasizes the interdependence, conformity, mutual empathy, willingness to sacrifice for the welfare of the others and trust of the group members (Lopez-Baez, 1997). The emphasize is on the family/community rather than on the individual. When you are not aware of the "collective" orientation among Hispanics it is easy to misinterpret positive traits as lack of boundaries, inability to be assertive, passivity and resistant to therapeutic change. Individualism has an opposing meaning and is most closely associated with "White middle-class values in the United States." However, in relation to the Latino community individualism refers to the uniqueness that each member of the community possesses and how each person's unique qualities can result in the betterment of the group through synergy. Synergy refers to the whole being greater than the sum of its parts. Individualism, unlike the traditional North American ideal is not intended to foster competitiveness among the members of a family or community. Instead, individualism implies that everyone has something to offer. This construct is central to social model programming, which stresses that the recovering community is responsible for each other, that the group is only as strong as its weakest member, and that the group is an agent of change.

La Casita is set up to provide a woman the opportunity for obtaining social support (collectivism) and provide mutual aid (reciprocity). Many of the women who enter La Casita have alienated their family members or have family members who are chemically dependent themselves. In fact many women report using drugs with members of their families. Around 25% of the women at La Casita report that one or both of their parents is addicted to alcohol and/or other drugs. One resident noted "My parents were drug addicts and alcoholics and they abused me. It was our way of life." This same resident went on to choose an alcoholic/abusive partner. "I thought that if he comes home and drinks a few beers that's okay because that's the way I was raised with my brothers."

Indeed nearly 50% report that their partner/spouse is an alcoholic/addict. One resident reported that she was "always fighting with my boyfriend. He was drinking and wouldn't get help." Almost 40% state that their sibling(s) are also addicts and/or alcoholics, and an equal percentage report that their closest friend abuses alcohol and/or other drugs. A common belief in the chemical dependency field is that in order for successful sobriety to occur, the woman must cut of communication with her family if they are not supportive of her efforts to stop using drugs. In both the case of family alienation or drug-addicted family members, the Latina participating in mainstream treatment programming is left alone and without family support in her quest for sobriety. In contrast, La Casita seeks to build bridges with family members through family programming rather than promote isolation.

Familismo emphasizes loyalty and solidarity among its members. This can manifest in maintaining family secrets for fear of bringing shame to the family. Family members will seek counsel from other members before seeking outside assistance and disclosing personal family business. Family therapists at La Casita are aware of this tendency so that they do not misinterpret hesitancy on the part of the Latina client to disclose family history or personal material as dependency, immaturity, or enmeshment. Building rapport with the client is essential for gathering information and developing confidence in the therapeutic process. La Casita builds trust and rapport by assigned new residents a "buddy", typically a senior resident who orients her to the program and "shows her the ropes." In addition, La Casita staff represent a mixture of recovering paraprofessionals and mental health professionals (some of whom are also recovering). One-to-one counseling is provided with all La Casita adult residents in which confidentiality is stressed. In addition, La Casita therapists engage in greater amounts of appropriate self-disclosure in order to create and facilitate a more reciprocal relationship with the client. This type of relationship increases resident confidence in the therapist and lends itself to increased participation on the behalf of the Latina. When the residents learn that the counselors do not share their secrets with the other residents or paraprofessional staff they feel safer to open up. As one woman reported, "After I saw that she [counselor] didn't talk trash about any of the girls [residents] I opened up a little. She really listens to me—the first time in my life that anybody really listened to me. I knew then I could trust her with all of my stuff." Many Latina at La Casita report that they consider their counselor to be like part of their family, referring to her as a "big sister." Another resident spoke of the relief in being able to talk about her past with her counselor. She explained, "I was living on the streets. I didn't have a place to stay, and was selling my body five times a day. I slept on the concrete with my kids. After they were taken away [by Child Protective Services] I was kidnapped, threatened with a knife and raped. That got me to come to La Casita. At first I thought people would judge me or think I deserved it, but my counselor showed me respect and taught me I was worthwhile. She taught me that everyone deserves a chance."

Lineality and "Power Distance"

Lineality stresses the role of authority figures in the solution of problems. Latino relationships are typically lineal and are influenced by status within the hierarchical structure (Simoni & Perez, 1995). The concept of "power distance" refers to the extent

which a society supports the existence of power differentials among its citizens. The power differentials are acknowledged via demonstrating deference and respect toward the individuals in power. The traditional Latino culture places a high value in "power distance". Among La Casita residents traditional authority figures such as in government or law enforcement are viewed with disdain. Indeed, many of the residents of La Casita were practicing gang members and have criminal records. Indeed, 70% of La Casita residents have been arrested at least once. Of those with a history of prior arrest, around 80% have been arrested more than once. Two women have the dubious distinction of being arrested 20 times! Latinas at La Casita are also no strangers to incarceration; nearly 60% have been jailed in the past at least once. Of those jailed, 80% have been jailed more than once. One resident noted, "I went to jail three times. Once I was there for two years. It made me realize I don't want that life no more." La Casita promotes positive relationships with authority figures by rotating leadership, a practice found helpful in previous research (Simoni & Perez, 1995). Leadership roles include chore checker and event organizer as well as being a "buddy" to newcomers. This supports the traditional values of lineality and power distance.

Lineality is also promoted through having identified "experts" facilitate groups and teach practical information. As suggested by Simoni and Perez (1995), the group facilitators are knowledgeable about the particular subgroup and topic being targeted. For example, only recovering staff members teach the drug and alcohol education course. Only mental health professionals provide therapy and facilitate therapy groups. A graduate of the program (with two years clean and sober) is the program director. Only a child development specialist provides children's programming, and so on. Simoni and Perez (1995) also found that Hispanic parents want more concrete, specific information about parenting interventions. La Casita parenting in turn is more structured, active, and directive than may typically be found in a parent support group.

Simpatia

Simpatia emphasizes the need for behaviors that promote smooth and pleasant social relationships (Simoni & Perez, 1995). An individual whom is Simpatico is said to be able to share in other's feelings, behaves with dignity and respect toward others, has a certain level of conformity, and strives for harmony in interpersonal relations. By definition it implies that the individual generally avoids conflict in his or her interpersonal relations. La Casita staff recognize that differences will arise by virtue of the fact that women from diverse backgrounds are in residence together. Conflicts have arisen between the more acculturated women and the infrequent new immigrant who is typically non-English speaking. The acculturated residents of La Casita tend to be English speaking (many do not even know Spanish!) and more educated than the more recent arrivals to the United States. The acculturated residents view themselves as "modern" while the new arrivals are "from the old country." La Casita staff promote simpatia through intervening quickly when teasing occurs encourages the group members to develop means of handling problems. Other conflicts arise as a result of old gang rivalries. These conflicts have the potential for violence and are taken very seriously by the staff. Potential problems are dealt with by orienting all women at La Casita upon

intake regarding the "no violence" policy at La Casita. Women are encouraged to "hold it" until group therapy, at which time anger can be voiced in a therapeutic setting with a trained facilitator. Anger management is also taught, as well as problem solving skills. Residents are encouraged to role play new behaviors. One resident reported, "Before I would just start fighting. I wouldn't bother to ask or settle things verbally. I would fight. Now I learned to talk things out."

Present-Time Orientation

Unlike mainstream America's future orientation (manifested by a concern with time and planning for the future), Latinos are Present-Time oriented. The focus is placed on Being more than on Doing (Sue & Sue, 1990). A focus on the present is quite consistent with 12 Step philosophies such as "One step at a time", "One day at a time", and "Easy does it." The 12 Step program emphasizes "First things first" meaning that staying clean and sober in the present comes first and that all else will fall into place. The key to staying clean and sober is to "Keep it simple" and take time one day, one hour or even one minute at a time. At La Casita the orientation on present-time can also manifest itself in a poor sense of time, hence La Casita implements basic ground rules with time limits to increase structure in the women's day (i.e. regular groups, chores, wake-up call, meals). The schedule is posted throughout the campus to assist residents in programming.

Acculturation Assessment

It is critical that the level of acculturation of each entering resident is not assumed but rather assessed through a standard measure. At La Casita the relative level of acculturation is assessed through the Acculturation Rating Scale for Mexican Americans (Cuellar, Harris, & Jasslo, 1980). The Acculturation Rating Scales examines variables such language, favorite foods, peers, and values related to the respondent as a child, teenager and adult, as well as in relation to parents and grandparents. The results of our acculturation assessment confirm that the Latinas seeking residential chemical dependency treatment in Southeast Los Angeles County are a more acculturated group. For example:

- The majority of the Latinas speak English only or mostly English (nearly 90%). Only 6% are monolingual Spanish speaking.

- Most residents also think in English or mostly English (80%).

- 90% of the Latinas can read and write in English.

- Only 60% can read Spanish and only 40% can write in Spanish.

- The largest percentage are second generation—meaning that our residents were born in the United States but their parents were born in another country (43%). Nearly 30% of the Latinas identified themselves as third generation—meaning that they and their parents were born in the United States. Only 20% of the women identified

themselves as being first generation, having been born in a country other than the United States.

- Nearly 60% of the Latinas who have sought chemical dependency treatment at La Casita have never had any contact with Mexico.

- 70% prefer to watch English-language movies and television, and the majority prefer English-language music.

Yet despite higher levels of acculturation when compared to new immigrants the women of La Casita view themselves as Latina and identify strongly with their ethnic heritage, suggesting that instead of being "Americanized" they are "bicultural."

- Nearly 60% of the women identify themselves as being "Extremely Proud" of La Raza (which means "the race" in Spanish). 33% rated themselves as being "Moderately Proud" of La Raza.

- The vast majority labeled themselves as Hispanic in one form or another. For example, 30% rated themselves as Mexican, 17% as Chicana, 23% as Mexican-American, and 17% as Spanish, Latin, and/or Hispanic-American.

- 30% felt they were "Bicultural", while another 30% rated themselves as being "Mostly Mexican" and another 30% as "Very Mexican."

- Nearly 90% of their fathers and mothers identified themselves as Hispanic in one form or another.

- Regarding peers and friends that the women had as children up to age six, 70% associated almost exclusively or exclusively with La Raza. These percentages changed from the ages of 6-18, however, dropping to around 55%. Nearly 40% of the women associated with La Raza and other groups equally. These percentages remained stable into adulthood when the Latinas described who they associate with now.

These results challenge us to avoid stereotyping Latinas but rather to ask the women themselves how they would like to be described, how they define themselves. It has happened more than once that a visitor to the La Casita program will ask "why isn't there more ethnic décor?" to which we recall the sentiments of the residents when they first saw ethnic pictures on the walls, "That's for the old people!" and they laughed. Yet the ladies of La Casita love Mexican food—the majority reported that it is their favorite, while the remainder liked Mexican and mainstream food equally. They are very spiritual; many attend services at the Catholic Church next door to the campus and pray in our meditation garden near the statue of an angel. Chemically dependent Latinas in Southeast Los Angeles County refuse to fit into someone else's little box dictating who they are. Our population is full of paradoxes and always keep things interesting at La Casita. The majority cannot cook and need to be taught when they arrive. They are loyal

to their children and work hard to regain custody when it is threatened. Nearly 30% arrive at La Casita with a child abuse and/or neglect case in active status. Yet all of the women who graduate have been able to regain custody.

Slippery Places for Latinas

The term "slippery places" comes from the 12 Step program and refers to situations, people, places and feelings that put a person at risk for relapse. Although instruments exist which examine relapse risk among alcoholics and addicts, nothing is available which specifically addresses the issues of concern to Latinas. So we convened a meeting was conducted with project staff and recovering Latinas from another chemical dependency program to provide feedback on the risk factors they faced—to describe to us what their "slippery places" were. The result was the Slippery Places Index, which ranks issues in terms of problem severity on a one to five scale, and how certain the woman is about her response on a one to five scale.

The Slippery Places Index assesses risk factors such as family of origin relationships, significant other relationships, clean and sober friendships, involvement in 12 Step meetings, employment and education, and goals. Many interesting findings have emerged in terms of what the ladies of La Casita find stressful in their lives:

- Body Image: Since the majority of Latinas seeking chemical dependency treatment at La Casita are stimulant users (methamphetamine or amphetamine), their body weight is typically low when they enter the program due to lack of proper nutrition and low desire to eat. Needless to say when the women get clean they gain weight, a fact distressing to many of them. Developing a healthy and realistic body image is an ongoing issue addressed in individual and group counseling at La Casita, as well as proper nutrition and healthy eating habits.

- Relationship with Mom: Residents report several issues related to their mothers, such as mom treating them like a child and mom expecting them to be very involved with the family. Some of the ladies felt overwhelmed by perceived demands and at the same time want to be viewed as an adult despite a typically long history of chemical dependency. Residents felt conflicted since they typically reported being close to and loving their mothers, and many credited their mothers as being a positive influence. Issues such as these again highlight the importance of familismo and incorporating the family into chemical dependency treatment.

- Role as a mother: The women report that they do not know how to be mothers. They express frustration and fear about their capabilities, yet do not want someone else to raise their child. The stress that Latinas feel about being a mother is so great for some that those with extremely high stress levels are at higher risk for dropping out of the program. Counseling at La Casita addresses maternal roles and realistic and unrealistic expectations. In addition, parenting stress is assessed at intake through a standardized questionnaire so those who exhibit abnormally high stress levels can be identified and intervened with immediately to prevent drop out.

- Relationship with partner/spouse: As mentioned previously, most of the ladies have partners/spouses who are also alcoholics and addicts, which the women report puts them at risk for relapse. La Casita works diligently to encourage partners to seek treatment. The following anecdote describes the results of one such effort:

Hector (not his real name) would come to events at La Casita but would typically sit in the back with a frown on his face and not talk to anyone but Anna (not her real name), his wife. Anna encouraged him repeatedly to get into treatment, to which he refused. When Anna graduated from the program Hector was still not clean and sober. Then after an argument in which Hector was drunk and hit Anna she took the children and left him. She immediately called the staff at La Casita who she knew could find her shelter. The staff got her and the children into a battered women's shelter. Hector was subsequently arrested and mandated into treatment. When he emerged he was a changed man! He came with Anna to La Casita and thanked the staff for helping Anna to be strong. He reported being grateful to God because the events which passed helped him get clean and sober. He was smiling and affectionate to his wife, and hugged the staff. Hector still attends 12 Step meetings to this day and has remained clean and sober along with Anna.

Program Outcomes

A total of 58 women have graduated from the six month residential chemical dependency program called La Casita. For those who graduate 80% remain clean and sober within the 12 months following graduation. We assess women at the time they enter the program, upon exiting the program, six months following exit from the program, and one year following exit from the program. Women are assessed during program regarding their clean/sober status using urinalysis and self-report. Following exit we rely on self-report and reports from family members, friends and significant others. In addition, over half of the graduates progress into HUD housing where we again have access to urinalysis results. Appendix A depicts in graphic form the number of women who have graduated from the program and their clean/sober status at exit and the two follow up points.

Approximately half of the women who enter La Casita graduate. Among those who drop out the only factor which sets them apart from those who graduate are abnormally high levels of parenting stress, as defined by perceived inadequacies and coping skills as a parent. We assess parenting stress through the use of the Parenting Stress Index. Findings related to parenting stress for graduates include:

> Statistically significant reduction in parental stress at the time of program graduation when compared to stress levels at program entry. High levels of parenting stress are related to child abuse, hence reductions in parental stress can be theoretically linked to reductions in child abuse.
> Statistically significant reduction in parental stress at the six and 12 month follow ups when compared to stress levels at program entry.

Appendix B outlines in graphic form the ratio of women who drop out to women who graduate.

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Summary

The women of La Casita perceive themselves as La Raza. They feel pride in being Latina and at the same time behave in a bicultural manner. The average age of a La Casita resident is 30 years old. The average number of children that our residents have is 2.5. Latino values form the cornerstone of programming at La Casita, with familismo being central. Other values include collectivism and reciprocity, lineality and "Power Distance", simpatia, and present-time orientation. Latino values are highly relevant and consistent with more chemical dependency treatment programming, and there are many parallels between Latino values and the values of the 12 Step and Social Model philosophies. La Casita represents a culturally competent means of providing chemical dependency programming to second and third generation Latinas—women who were born in the United States but clearly identify themselves as being Hispanic. The impact of La Casita is best summed up by one of our first graduates:

"I really appreciate M. [child specialist] because she did so much work with my son. I've seen so much recovery with him. I'd also like to thank J. [primary therapist]. I could barely speak when I got here; I could not function. I would not be here today if it weren't for her love and support! I believe God speaks through people, and God spoke through J."

--R, speaking at the first La Casita graduation.

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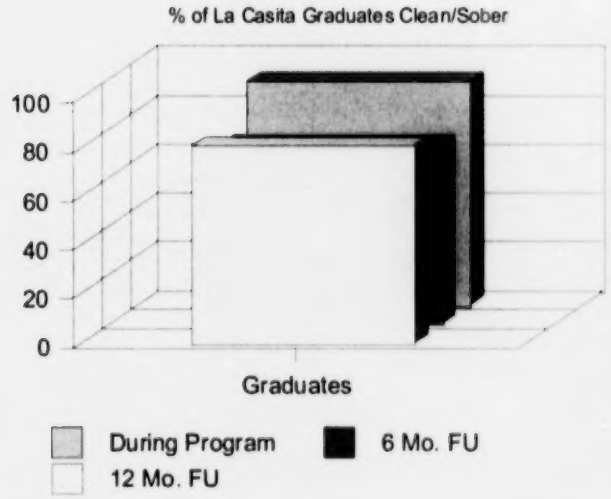
Appendix A

Recovery results are diagramed in Figure 1.

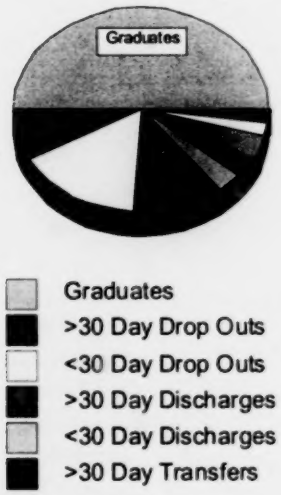
Figure 1
Percentage of La Casita Graduates Clean/Sober



Completion of the six month residential program by 58 women and their children ages one to 11 years.
Abstinence from alcohol and other drugs during program involvement by 53 (91.3%) of the 58 graduates;
Abstinence from alcohol and other drugs six months following program completion by 33 (73.3%) of the 45 graduates who have reached the six month follow up point;
Abstinence from alcohol and other drugs 12 months following program completion by 29 (80.6) of the 36 graduates who have reached the 12 month follow up point.

Appendix B

Figure 2
Ratio of Program Completers to Drop Outs, Transfers, Discharges and those who could not Reunify with their Child*



*Note: Women who cannot reunify with their children during their stay are discharged since it is a requirement of CSAT funding that women come to the program with at least one child.

Figure 2 reveals that half of the women who enter La Casita graduate and half drop out, are discharged or cannot be reunified with their child, or are transferred. Among those who do not complete La Casita, half leave within the first 30 days and half leave after the first 30 days.

THE SLIPPERY PLACES INDEX:
A Measure of Individual Risk and Protective Factors for Recovering Latina Mothers*

The purpose of this index is to identify personal risk and protective factors especially pertinent to recovering Latina mothers. This is an evaluation instrument designed to be used at the beginning and end of the client's participation in the La Casita program.

This instrument is to be administered as an interview with the responses recorded according to the scales provided below along with written comments supplementing and clarifying the client's responses.

Response codes for the boxes following each question are:
No/Yes Scale coded as: (0) N/A (Not Applicable) (1) Yes (2) No

Problem Response Scale (PRS) codes as:
(1) no problem
(2) a small problem
(3) a moderate problem
(4) a fairly large problem
(5) a really big problem

Certainty Response Scale (CRS) coded as:
(1) not certain at all
(2) maybe
(3) a 50-50 chance
(4) a good chance
(5) definitely certain

Instructions to Client: **I am going to ask you about people and situations in your personal life that may be either a problem or a positive thing for you in the future, especially after you leave the La Casita program. One purpose is to identify possible "slippery places" in your past and future. Do you know what I mean by "slippery places?"** Ask the client to put this in her own words. If client does not understand, say, **"Slippery places are relationships and situations in your life that might make you want to drink or use again. They are the kind of relationships and situations you will have to avoid or change if you want to stay clean and sober."** Continue the instructions to client as follows: **The other purpose is to find out about people and situations that can help you stay clean and sober.**

The interviewer should place copies of the two response scales in front of the client so that the latter can select a response. If the client has trouble doing so the interviewer will have to select a response based on the client's answer to each question. Go over the two scales by saying, **Sometimes the question will call for an answer telling how big or small a problem is.** Go over the Problem Scale. **Other times it will ask about how certain you are about something.** Go over Certainty Scale. **Let's begin then.**

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RC022802

Client Identification: _____

Administered by: _____

Date: __/__/__

1. Does your mother make problems for you by expecting you to see her all of the time and help her with things that you don't have time for? Y/N ( )

1.b) How big a problem is this for you? PRS ( )

2. Does your mother know and accept that you are an alcoholic/addict ? Y/N ( )

2.b) How big a problem is this for you?PRS ( )

3. Do you have a good relationship with your father? Y/N ( )

3.b) To what extent is your relationship with your father a problem for you? PRS ( )

4. Are you close to anyone else in your family (sisters, cousins, grandparents, aunt) who does not abuse alcohol or drugs? Y/N ( )

4.b)If yes, who is this person and how are they related to you?

5. Can you depend on someone in your family for friendship and emotional support? Y/N ( )

5.b)If yes, who is this person and how are they related to you?

5.c)How certain are you that a family member will continue to support your sobriety? CRS ( )

6. Do you have anyone close to you who does not abuse alcohol and drugs? Y/N ( )

6.b)If yes, who is this person? Circle one:
1) Significant other/Boyfriend, 2)Male,
3) Female, 4) CRS ( )

6.c) How certain are you that this close friend will continue to support your sobriety? CRS ( )

7. Do you have a close relationship with someone who has an alcohol/drug problem? Y/N ( )

7.b) If yes, who is this person and how do know them?

7.c)How certain are you that you can avoid this relationship ? CRS ( )

8. Does your extended family (aunts, cousins) expect you to attend family get-togethers? Y/N ( )

8.b)Is there a lot of drinking at family get-togethers? Y/N ( )

8.c)How certain are you that you can continue to stay away from family functions where there is a lot of drinking? CRS ( )

9. Do you see the father of your child? (the child with you at La Casita) Y/N ( )

9.b)To what extent is the relationship with him a problem for you? PRS ( )

10. Are there other problems that cause stress for you? Y/N ( )

10.b)What are these stresses?

10.c)How big a problem is this for you? PRS ( )

11. Are you a regular member of a 12-Step program? Y/N ( )

11.b)How certain are you that you will continue to participate in 12-Step meetings regularly? CRS ( )

11.c)Do you have a sponsor now? Y/N ( )

12. Do you have goals relating to how you want to live and who you want to be ? Y/N ( )

12.b)How certain are you at this point about these goals? CRS ( )

13. Do you think of yourself as an alcoholic or addict? Y/N ( )

13.b)How certain are you about this answer? CRS ( )

14. Do you have a checking/savings account? Y/N

14.b)How big a problem is this for you? PRS ( )

(For question 15-19 at baseline ask about the 30 days prior to coming to La Casita.)

15. Do you have transportation to get to the places you need to go? Y/N ( )

15.b)How big is this problem for you? PRS ( )

16. Do you regularly cook for your child(ren)? Y/N ( )

16.b)How big a problem is this for you? PRS ( )

17. Are/Were you working ? Y/N ( )

17.b)How big a problem is this for you? PRS ( )

18. Are you/were you enrolled in school? Y/N ( )

18.b)How big a problem is this for you? PRS ( )

19. Did you have child care when you needed it? Y/N ( )

19.b)If yes, where are/were they and with whom?

19.c)How big a problem is this for you? PRS ( )

20. Is there anything that makes you at risk for relapse? Y/N ( )

20.b) If yes, what?
20.c) How big a problem is this for you? PRS ( )

21. How long have you been clean and sober?

21.b)When is your sober birthday? Day:_____ Month:_____ Year:_____

22. Does your husband/significant other use alcohol/drugs? Y/N ( )

THE SLIPPERY PLACES INDEX:
A MEASURE IF INDIVIDUAL RISK AND PROTECTIVE FACTORS FOR
RECOVERING LATINA MOTHERS:

The purpose of this index is to identify personal risk and protective factors especially pertinent to recovering Latina mothers. This is an evaluation instrument designed to be used at the beginning and end of the client's participation in the La Casita program.

This instrument is to be administered as an interview with the response recorded according to the scales provided below along with written comments supplementing and clarifying the client's responses.

Códigos de las respuestas siguiendo cada pregunta son:

Escala No/Si es: (1) Si (2) No (0) no aplica

Escala de Respuesta con Problema (PRS) es:

(1) Ningun problema
(2) Problema pequeño
(3) Problema justamente mediano
(4) Problema Justamente grande
(5) Realmente gran problema

Escala de Respuesta con Seguridad (CRS) es:

(1) Ninguna seguridad
(2) Tal vez
(3) Posibilidad de 50-50
(4) Buen Seguridad
(5) Definitiva Seguridad

Intrucciones al Cliente: **Te voy a preguntar sobre personas y situaciónes en su vida que podra ser un problema o algo positivo en su futuro, especialmente después de salir del programa "La Casita ". Un propósito es de identificar posiblemente "sitos resbaladizo" en su pasado o futuro. ¿Uste sabe lo que quiero decir con "sitos Resbaladizos"?** Pregunte al cliente que lo ponga en su propias palabras. Si el cliente no entiende decirle **"sitos resbaladizo" son relaciónes y situaciónes en su vida que te hace beber o usar otra vez. Son las clases de relaciónes y situaciónes que tiene que evitar o cambiar si usted quiere quedar sobrio y limpa.**

El entrevistador debe de poner copias de las dos escalas enfrente del cliente para que ella pueda escoger la respuesta. Si el cliente tiene dificultad el entrevistador tiene que escoger la respuesta que conviene la contestacion del cliente con cada pregunta. Repase las dos escalas y decirle **a veces la preguntas solicita una respuesta que describe un problema grande o pequeño.** Repase la escala de problema. **Otras veces las preguntas solicita la seguridad que usted tiene sobre algo.** Repase la escala de seguridad. **Vamos a empezar.**

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Clients Identification: _____
Administered by: _____ Date ___/___/___

1. ¿Causa problemas su madre porque quiere pasar la mayoria del tiempo con usted y quiere que le ayude con cosas con cual usted no tiene tiempo? S/N ( ) _____

1.b)¿Que tan grande es este problema para usted? PRS ( ) _____

2. ¿Sabe y acepta su madre que usted es alcolica/ drogadicta? S/N ( ) _____

2b.)¿Qué gran problems es esto para usted? PRS ( ) _____

3. ¿Tiene una buena relación con su padre? S/N ( ) _____

3.b)¿Hasta que punto es un problema en la relacion que tiene con su padre? PRS ( ) _____

4. ¿Tiene buenas relaciónes con otras personas en su familia (hermana, prima, abuelo, tio) que no abusa alcol o drogas? S/N ( ) _____

4.b) Quien es la persona i como esta relacionada a ella? _____

5. ¿Tiene alguien en su familia quien confia con amistad y apoyo emocional ? S/N ( ) _____

5.b) Quien es la persona i como esta relacionada a ella? _____

5.c)¿Con que seguridad sabe que alguien en su familia le apoyara su sobriedad del programa? CRS ( ) _____

6. ¿Tiene amistades cercanas (que no sean familia) que no abusan alcol o drogas? S/N ( ) _____

6.b) Quien es la persona i como esta relacionada a ella? Circule Uno

1) Novio/Esposo 2) Hombre 3) Mujer 4) Ambos Hombre o Mujer

6.c)¿Con que seguridad sabe que estas amistades cercanos le apoyaran su sobriedad ? CRS ( ) _____

7. ¿Tiene una relacion con alguen que tiene problema con alcol o drogras? S/N ( ) _____

7.b) Quien es la persona I como esta relacionada a ella? _____

7.c) Como puede estar segura que puede evadir esta relacion? _____

CRS ( )

8. ¿Su familia lejana (tias, primos) espera que usted vaya a reuniónes y fiestas de familia? Y/N ( ) _____

8.b) Se toma muchas bebidas en sus reuniónes y fiestas de familia? Y/N ( ) _____

8.c) ¿Qué seguridad tiene que usted pueda evitar reuniónes y fiestas de familia? CRS ( ) _____

9. ¿Usted espera ver al padre de su hijo? Y/N ( )

9.b)¿Hasta que punto es un problema la relación que tiene con el? PRS ( )

10. ¿Tiene otros problemas de dinero o trabajo que vaya causar tensión ? Y/N ( )

10b) Cuales son estas tenciones?

10c)¿Qué gran problema es esto para usted? PRS ( )

11. ¿Usted planea ser un membro regular del programa "12-pasos" (12-step)? Y/N ( )

11b)¿Con que seguridad sabes que usted va a participar en el programa de "12-pasos" constantemente?

11c) Tiene un patrocinador ahora? Y/N ( )

12. ¿Usted tiene metas relacionadas sobre su forma de vivir y el tipo de persona que quisiera ser? Y/N ( )

12b)¿Qué seguridad tiene ahora de estas metas? CRS ( )

13. ¿Usted cree que es alcolica o drogadicta? Y/N ( )

13b)¿Qué seguridad tiene de esta ultima respuesta? CRS ( )

14. ¿Tiene usted una cuenta de cheques/ ahorros? Y/N ( )

14b)¿Que gran problema es esto para usted? PRS ( )

15. ¿Usted tiene transportacion para hacer mandados? Y/N ( )

15b)¿Que gran problema es esto para usted? PRS ( )

16. ¿Usted cocina regularmente para su(s) hijo(s). Y/N ( )

16b)¿Que gran problema es esto para usted? PRS ( )

17. ¿Usted esta trabajando en este momento? Y/N ( )

17b)¿Que gran problema es esto para usted? PRS ( )

18. ¿Esta enscribida en la escuela en este momento? Y/N ( )

18b) ¿Que gran problema es esto para usted? PRS ( )

19. Tienes/Tiviste que necesita o necesito cuidado Y/N ( )

19b) Si asi es donde/ con quien

19b) Es problema esto para usted?

20. ¿Usted piensa que ai algo que puedeser un reisgo para su sobriedad? Y/N ( ) _____

20b.) Si la respuesta es si, que es el riesgo? _____

20c) ¿Que gran problema es esto para usted? RS ( ) _____

21. Cuando tiempo ha estado sobrio y limpo? _____

21b. Cuando es su anibersario de sobriedad? Ano:_____ Mes:_____ Dia_____

22. Su Pareja usa Drogas o Alcohol ? Y/N ( )